

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.6	28				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5	27		*****	1	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	22.1	37.73		*****	4.4	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0	0		*****	0	0				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.07				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.85	.85				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	10				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.602	.776		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.25	.28		*****	.05	.05				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.9	29				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.8	29		*****	1	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	27	25.4		*****	5.8	13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.3	.5		*****	.06	.08				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.07				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.6				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.2	4.4				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.05				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	150				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.653	.732		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.89	1.46		*****	.16	.26				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.3	27				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.3	21.2		*****	.8	4.8				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	33.1	46.1		*****	7.6	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0	0		*****	0	0				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.58				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.27	1.27				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.26	.26				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	25				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.647	.703		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	4.05	4.05		*****	.79	.79		3		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.5	27				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15.5	50.6		*****	30	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0	0		*****	0	0				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	1.6				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.47	.47				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.05				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	28				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.634	.716		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2008	10/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.63	1.06		*****	.1	.2				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.34	25				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	21.2	54.7		*****	3.8	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0	0		*****	0	0				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.31	1.31				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.04	1.07				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.05				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.658	.769		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	11/30/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.35	.497		*****	.064	.091				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.9	23				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.6	32.9		*****	1.4	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.9	23.1		*****	1.6	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0	0		*****	0	0				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.48	1.48				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.42	1.42				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.05				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.245	3				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.658	.744		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.558	.827		*****	.099	.151				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	24				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.03	< 21.35		*****	< 3.4	< 5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17.1	34		*****	4.6	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .11	< .11		*****	< .2	< .2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.67	.67				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.26	.26				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .05	< .05				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.602	.709		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.2	.22		*****	.04	.041				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.5	17				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 12	< 17.68		*****	< 3	< 3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	32.94	62.01		*****	< 10	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .216	< .216		*****	< .04	< .04				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.09	1.09				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.34	.34				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.015	.015				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.602	.709		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.218	.282		*****	.04	.05				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	17				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.98	< 17.8		*****	< 3	< 3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 21.77	42.8		*****	< 4	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .226	< .226		*****	< .04	< .04				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.1				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.75	3.75				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.419	.419				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.51	4				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.671	.748		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	1.706	6.28		*****	.3	1.1				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.5	18			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.28	< 19.9		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 24.18	47.4		*****	2.4	8			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .236	< .236		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.18	1.18			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.81	2.81			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.042	.042			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.688	.799		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.76	.76		*****	.129	.129			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	17			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.89	< 27.91		*****	< 3.4	< 5			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	18.73	25.83		*****	< 3.4	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .26	< .26		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.86	.86			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	2.2			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.136	.136			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.58	10			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.665	.782		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.796	1.03		*****	.148	.2			Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.6	17			Seven Per Week	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8			Seven Per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.7	20		*****	1.8	3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0	0		*****	0	0			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.01	1.01			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.12	4.12			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.89	1.89			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	34			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.716	.8631		*****	*****	*****	*****		Daily	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	13.38	16.12		*****	2.24	2.24		4	Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.1	18			17 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.18	< 24.54		*****	< 3	< 3			Three Per Month	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.7			17 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 32.3	62.324		*****	< 5.33	10			Three Per Month	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2424	< .3273		*****	< .04	< .04			Monthly	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMPOS
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.65	1.65			Monthly	COMPOS
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			17 Per Month	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 3.9	60			Three Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.7267	.9812		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.8606	1.162		*****	.142	.142			Monthly	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.7	18			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 21.59	< 29.76		*****	< 3.5	< 5			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 18.62	18.88		*****	< 3	3			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .238	< .238		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.52	1.52			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.31	3.31			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.069	.097			Twice Per Month	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	31			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.726	.784		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.512	.512		*****	.086	.086			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.7	17			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 23.34	17.32		*****	< 4	3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.8			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 23.44	41.1		*****	< 4	7			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.3464	.3464		*****	.06	.06			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.89	.89			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.51	6.51			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.024	.024			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	65			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.7231	.8229		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.831	.831		*****	.144	.144			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.61	25			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 21.91	24.15		*****	< 3.8	4			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 21.77	39		*****	< 3.8	7			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2415	.226		*****	< .04	.04			Three Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Three Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.68	.68			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.42	6			Daily	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .03	.01			Twice Every Quarter	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	< 1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.72	.803		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	< .2093	.2234		*****	< .0345	.037			Four Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE		DATE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.7	25			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.587	< 19.94		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.8			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 19.819	24.653		*****	< 3.2	4			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .65	1.063		*****	< .1	.16			Twice Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.28	1.28			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.93	6.66			Twice Per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.005	.005			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.708	.797		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.282	.425		*****	.044	.064			Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.8	23			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 20.389	21.994		*****	< 3.6	4			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 17.014	16.495		*****	< 3	3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.3299	.3299		*****	.06	.06			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.03	.03			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.48	1.48			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.18	6.18			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.009	.009			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	3			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.664	.751		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.17	.17		*****	.031	.031			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE		DATE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	23	24			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 22.52	38.81		*****	< 4	7			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 13.81	34.99		*****	< 3.75	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .224	< .288		*****	< .04	< .04			Twice Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.98	.98			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.58	8.13			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.637	.719		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.124	.139		*****	.022	.025			Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.68	26			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 24.59	22.19		*****	< 4.25	4			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 17.36	< 17.36		*****	< 3	3			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .383	.529		*****	< .065	.09			Twice Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.245	1.29			Twice Every Quarter	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.3	13.1			Twice Per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.006	.006			Twice Every Quarter	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6838	.7876		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.156	.182		*****	.027	.031			Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.26	26			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 37.74	39.84		*****	< 6	6			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 22.38	33.58		*****	< 3.6	6			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2502	.2448		*****	< .04	.04			Twice Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.015	.02			Twice Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.49	1.49			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.82	5.29			Twice Per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	12			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.7293	.7963		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.2142	.2142		*****	.035	.035			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.3	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 21.745	< 35.453		*****	< 3.8	< 6			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 17.075	17.726		*****	< 3	3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2363	< .2363		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.32	1.32			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	21			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.631	.732		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.124	.124		*****	.021	.021			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	2 MO AVG	4.02 DAILY MX	lb/d	*****	.48 MO AVG	.96 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.29	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 15.2	< 17.04		*****	< 3	< 3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 15.2	17.04		*****	< 3	3			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .37	< .37		*****	< .08	< .08			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.01	1.05			Twice Every Quarter	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.04	5.04			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .006	.007			Twice Every Quarter	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Six Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6156	.7567		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.0915	.1		*****	.019	.02			Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.53	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 15.534	< 16.378		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 20.51	39.738		*****	< 5	8			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .1934	< .1934		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.28	1.28			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.97	1.97			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.005	.005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6128	.7107		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.145	.145		*****	.03	.03			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.65	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 12.95	< 15.85		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 15.48	23.48		*****	< 3.6	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .1638	< .1835		*****	< .04	< .04			Twice Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .045	.08			Twice Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.41	1.41			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.255	4.13			Twice Per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.018	.018			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.43	6			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.5772	.6762		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1481	.1481		*****	.032	.032			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.03	28			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.64	< 17.56		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 20.98	37.99		*****	< 3.8	7			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2065	< .2065		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.18	1.18			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.89	1.89			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.008	.008			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6529	.7412		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1807	.1807		*****	.035	.035			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.8	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.91	18.19		*****	< 3	3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 30.04	78.85		*****	< 5	13			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.063	1.063		*****	.16	.16			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.08	1.08			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.34	.34			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 3.44	9			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.7049	.8003		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1926	.1926		*****	.029	.029			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.93	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.91	23.48		*****	< 3.25	4			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.71			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 26.08	35.25		*****	< 4.5	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2037	< .2037		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.12	1.12			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.33	.33			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.27	36			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.65	.86		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.122	.122		*****	.024	.024			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.11	27			Nine Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 24.66	16.25		*****	< 4.5	3			Twice Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.6			Nine Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	27.55	33.08		*****	5	6			Twice Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2203	< .2203		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.95	.95			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.25	.25			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Nine Per Month	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	< 1			Twice Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6669	.7188		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.4819	.7829		*****	.0875	.142		4	Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.8	26			5 Times Every Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 15.27	< 16.58		*****	< 3	< 3			Twice Per Month	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.68			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 15.27	16.58		*****	< 3	< 3			Twice Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .221	< .221		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI M	NODI M				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.17	1.17			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.03	2.03			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			5 Times Every Month	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.28	6			Three Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.5476	.663		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.699	.699		*****	.127	.127		4	Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26	26			Nine Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.76	< 16.76		*****	< 3	< 3			Monthly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.9			Nine Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 16.76	< 16.76		*****	< 3	< 3			Once Every 4 Days	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .2235	< .2235		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.07	1.07			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.021	.021			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Nine Per Month	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	< 1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6848	.7462		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.279	.279		*****	.05	.05			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 20.07	< 31.38		*****	< 3.75	< 6			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 18.61	24.56		*****	< 3.5	5			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.218	.218		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.17	1.17			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.26	.26			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.009	.009			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	< 1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6561	.8147		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1856	.1856		*****	.034	.034			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26	26			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 20.24	< 25.97		*****	< 3.8	< 6			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8.03			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 37.06	78.13		*****	< 6.6	13			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.466	.466		*****	.08	.08			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.17	1.17			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.09	.09			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.006	.006			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Six Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.581	.728		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.157	.157		*****	.027	.027			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.9	26			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 20.22	< 34.66		*****	< 3.75	< 6			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.96	*****	8.17			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 27.48	51.99		*****	< 6.25	9			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .17	< .17		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.92	.92			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .02	< .02			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.22	61			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6593	.7641		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.132	.132		*****	.031	.031			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.07	26			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 21.23	< 34.9		*****	< 3.6	< 6			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.85	*****	8.05			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 21.28	28.31		*****	< 3.6	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .0625	1.03		*****	< .105	.17			Twice Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .255	.5			Twice Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.99	1.27			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.11	1.91			Twice Per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.166	7			Six Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6784	.7597		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1779	.1955		*****	.0305	.032			Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.5	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 21.96	< 35.17		*****	< 3.8	< 6			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.09	*****	7.64			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 19.71	30.22		*****	< 3.4	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .219	< .219		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.87	.87			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.19	.19			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.005	.005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.227	9			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6868	.7526		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1373	.1373		*****	.025	.025			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.22	28			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.34	< 18		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.83	*****	7.56			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 17.34	< 18		*****	< 3	< 3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .234	< .234		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.87	.87			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.35	.35			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.007	.007			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.37	490		1	5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6631	.7745		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.164	.164		*****	.028	.028			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.19	29			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.6	< 17.59		*****	< 3	3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 25.84	52.78		*****	< 4.6	9			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.68	.68		*****	.12	.12			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.25	1.25			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.81	.81			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.393	38			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.5817	.8213		*****	*****	*****	*****		Daily	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.187	.187		*****	.033	.033			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.6	28			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 15.96	< 16.78		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.72	*****	7.27			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 20.01	35.43		*****	< 3.8	7			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2.29	2.29		*****	.46	.46			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.54	1.54			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.21	.21			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.006	.006			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6377	.7293		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1794	.1794		*****	.036	.036			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.12	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.45	< 17.6		*****	< 3	< 3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.75	*****	7.33			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 21.85	35.2		*****	< 3.75	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .23	< .23		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.12	1.12			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.53	.53			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.149	2			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6398	.7123		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.196	.196		*****	.034	.034			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.06	25			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.79	< 18.47		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.92	*****	7.51			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 23.81	36.83		*****	< 4	6			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .236	< .236		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.1			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.15	.15			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.06836	.7424		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1952	.1952		*****	.033	.033			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.7	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.54	< 17.77		*****	< 3	< 3			Six Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 24.23	41.47		*****	< 4.33	7			Six Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	46.01	48.1		*****	8.13	8.54			Twice Per Month	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Month	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.92	6.52			Twice Every Quarter	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.54	.56			Twice Per Month	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Twice Every Quarter	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6821	.7215		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1215	.136		*****	.0215	.024			Twice Per Month	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.55	25			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.01	< 18.02		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.9			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 20.52	35.07		*****	< 3.6	6			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.27	1.27		*****	.22	.22			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.04	.04			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.13	1.13			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.83	5.83			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.149	2			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6263	.7274		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.115	.115		*****	.02	.02			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE		DATE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.79	21			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.64	28.9		*****	< 3.4	5			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 35.55	63.52		*****	< 6.4	11			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	3.38	3.38		*****	.8	.8			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.13	2.13			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.038	.038			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1.643	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6066	.7373		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.11	.11		*****	.026	.026			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.6	23			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.73	< 18.34		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.4			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 17.73	16.49		*****	< 3	3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	33.61	33.61		*****	6.16	6.16			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.15	.15			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.42	8.42			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.89	1.89			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.379	5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6764	.7392		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1418	.1418		*****	.026	.026			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.52	24			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.62	< 18.11		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.85	*****	7.39			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 17.62	18.11		*****	< 3	3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	4.83	4.83		*****	.79	.79			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.07			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.31	2.31			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.83	4.83			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.703	.749		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.14	.14		*****	.023	.023			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.93	26			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.88	< 18.62		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.98	*****	7.5			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 18.96	21.74		*****	< 3.2	4			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2.658	2.658		*****	.75	.75			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.28	.28			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.81	2.81			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	4.9			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.491	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.7032	.7446		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1087	.1087		*****	.02	.02			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.39	27			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.25	< 18.64		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.99	*****	7.4			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 18.25	< 18.64		*****	< 3	< 3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.497	1.497		*****	.25	.25			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.09	.09			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.9	1.9			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.32	4.32			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	< 1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.7292	.7499		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.1497	.1497		*****	.025	.025			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.26	28			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 25.41	53.3		*****	< 4.2	9			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.55	*****	7.25			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 18.3	18.12		*****	< 3	3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2.47	2.47		*****	.41	.41			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.14	.14			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.86	1.86			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.94	1.94			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.148	2			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6799	.7479		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.175	.175		*****	.029	.029			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.07	25			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 18.63	< 19.12		*****	< 3	< 3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.69	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 18.63	< 19.12		*****	< 3	< 3			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.48	1.48		*****	.24	.24			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.09	.09			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.29	1.29			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.42	3.42			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.006	.006			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.679	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6717	7692		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.21	.21		*****	.034	.034			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.45	24			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 19.34	23.57		*****	< 3.2	4			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.73			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 20.6	30.44		*****	< 3.4	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.124	1.124		*****	.18	.18			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.07			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.65	1.65			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.35	2.35			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.005	.005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.7104	.7489		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
 NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.137	.137		*****	.022	.022			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.77	23			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.67	< 17.79		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 25.72	54.04		*****	< 4.8	11			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	< .21	< .21		*****	< .04	< .04			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.32	1.32			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.29	3.29			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.148	2			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6789	.7499		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.14	.14		*****	.026	.026			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.71	21			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.58	< 18.53		*****	< 3	< 3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 22.9	32.29		*****	< 4.2	7			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2.84	2.84		*****	.46	.46			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.77	1.77			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.5	8.5			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .025	< .025			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.585	10			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6498	.7488		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.166	.166		*****	.027	.027			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.61	23			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.42	< 17.62		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.37			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 42.6	67.82		*****	< 7.8	12			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.116	1.116		*****	.19	.19			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.58	1.58			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.44	.44			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .025	< .025			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.287	24			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6571	.7158		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.188	.188		*****	.032	.032			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.86	23			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.55	< 17.54		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.69	*****	7.53			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 23.18	33.78		*****	< 4.2	6			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.464	1.464		*****	.26	.26			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.41	1.41			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.06	.06			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.006	.006			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.396	46			Six Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6494	.7049		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.163	.163		*****	.029	.029			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.55	23			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 16.23	< 17.33		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 23.68	28.77		*****	< 4.4	6			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.347	.347		*****	.06	.06			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.12	1.12			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.07	.07			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	< 1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6688	.7137		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.046	.046		*****	.008	.008			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.7	23			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.29	17.6		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.99			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 43.54	96.13		*****	< 7.6	17			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	7.567	7.567		*****	1.29	1.29			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.01	1.01			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.47	2.47			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.29	1.29			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.008	.008			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Monthly	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6694	.7253		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC
ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC
LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	.035	.035		*****	.006	.006			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.77	25			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< 17.23	< 17.9		*****	< 3	< 3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	42 MO AVG	84 DAILY MX	lb/d	*****	10 MO AVG	20 DAILY MX	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.72	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 19.54	28.87		*****	< 3.4	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	53 MO AVG	106 DAILY MX	lb/d	*****	13 MO AVG	25 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2.208	2.208		*****	.37	.37			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.05			Monthly	COMP24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.39	1.39			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PROCESS WASTEWATER TO PURDAM

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	.29	.29			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005			Quarterly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	Y=1;N=0		Monthly	VISUAL
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow	SAMPLE MEASUREMENT	.6628	.744		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SORRENTO LACTALIS INC

ADDRESS: 4912 FRANKLIN ROAD
NAMPA, ID 83653

FACILITY: SORRENTO LACTALIS INC

LOCATION: 4912 FRANKLIN ROAD
NAMPA, ID 83653

ATTN: JEAN CLAUDE BRUNEA, VP

ID0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83653

MINOR

(SUBR 02)

PHOSPHORUS, TOTAL AS P

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	< .03	< .03		*****	< .005	< .005			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.29 MO AVG	.58 DAILY MX	lb/d	*****	.07 MO AVG	.14 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)